

June 17, 2014

Global Technology Resources Inc Attn: Matt Lederle MLederle@GTRI.com 990 S Broadway, Ste 400 Denver, CO 80209

RE: Renewal, 7380 Network Equipment & SmartNet

Dear Mr. Lederle:

The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the existing terms and conditions.

Financial Services
Purchasing Division
215 N. Mason St. 2<sup>nd</sup> Floor

Fort Collins, CO 80522

fcgov.com/purchasing

PO Box 580

**970.221.6775** 970.221.6707- fax

The term will be extended for one (1) additional year, June 1, 2014 through May 31, 2015.

If the renewal is acceptable to your firm, please sign this letter in the space provided, **include a current copy of insurance naming the City as an additional insured** and return all documents to the City of Fort Collins, Purchasing Division, P. O. Box 580, Fort Collins, CO 80522, within the next fifteen days.

If this extension is not agreeable with your firm, we ask that you send us a written notice stating that you do not wish to renew the contract and state the reason for non-renewal.

Please contact Ed Bonnette, CPPB, CPM, Buyer at (970) 416-2247 if you have any questions regarding this matter.

Sincerely,

Gerry Peul

A9D0A054C8CB45D...

Gerry S. Paul

Director of Purchasing and Risk Management

Docusigned by:

Marie Utillumi

Signature

A700B55CB500473...

Date

(Please indicate your desire to renew 7380 by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP: jw



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER		CONTACT Gary Friedman, CPCU, MSIS, RPLU, ARM	, AAI
One, Inc. dba Pea	k 360	PHONE (A/C, No, Ext): (303)534-7325 FAX (A/C, No): (303)6	
1600 Emerson St.		E-MAIL ADDRESS: gfriedman@peak360.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Denver	CO 80218	INSURER A National Ins of Harford (CNA)	524126
INSURED		INSURER B: Valley Forge Ins (CNA)	20508
Global Technology	Resources, Inc.	INSURER C: Continental Casualty (CNA)	20443
990 S. Broadway #	300	INSURER D:	
		INSURER E:	
Denver	CO 80209-4274	INSURER F:	

#### COVERAGES CERTIFICATE NUMBER: CL1452601270 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							1,000,000
A	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1	1,000,000
	CLAIMS-MADE X OCCUR			5086291169	6/1/2014	6/1/2015	MED EXP (Any one person) \$	5,000
							PERSONAL & ADV INJURY \$ 1	1,000,000
							GENERAL AGGREGATE \$ 2	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	2,000,000
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1	1,000,000
A	ANY AUTO						BODILY INJURY (Per person) \$	
^^	X ALL OWNED SCHEDULED AUTOS			5086291155	6/1/2014	6/1/2015	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							Uninsured motorist combined \$ 1	1,000,000
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ 3	3,000,000
A	EXCESS LIAB CLAIMS-MADE	:					AGGREGATE \$ 3	3,000,000
	DED X RETENTION\$ 10,000	0		5086291172	6/1/2014	6/1/2015	\$	
A	A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						X WC STATU- TORY LIMITS ER	
				4030406101	6/1/2014	6/1/2015	E.L. EACH ACCIDENT \$ 1	1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1	L,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1	1,000,000
A	A PROFESSIONAL LIABILITY			5086291169	6/1/2014	6/1/2015	EACH OCCURRENCE \$ 5	5,000,000
	(TECH E&O LIABILITY)						AGGREGATE \$ 5	5,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is listed as an additional insured under the General Liability policy in accordance with all the terms, conditions and limitations of the policy and then only for liability caused by the negligent acts of

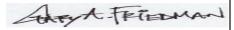
the named insured and then only as their interest may appear.

CERTIFICATE HOLDER	CANCELLATION

CITY OF FT. COLLINS PURCHASING DEPT. PO BOX 580 FT. COLLINS, CO 85022 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Friedman/GARY





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	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	1,000,000
A	CLAIMS-MADE X OCCUR	x		5086291169	6/1/2014	6/1/2015	MED EXP (Any one person)	\$	5,000
1		.					PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY  ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A							BODILY INJURY (Per person)	\$	
^	X ALL OWNED SCHEDULED AUTOS	x		5086291155	6/1/2014	6/1/2015	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	7.00						,	\$	1,000,000
1	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	3,000,000
l <sub>A</sub>	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	3,000,000
	DED X RETENTION\$ 10,000			5086291172	6/1/2014	6/1/2015		\$	
Α	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						X WC STATU- TORY LIMITS OTH- ER		
					6/1/2014	6/1/2015	E.L. EACH ACCIDENT	\$	1,000,000
				4030406101			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	A PROFESSIONAL LIABILITY			5086291169	6/1/2014	6/1/2015	EACH OCCURRENCE	\$	5,000,000
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PO BOX 580	AUTHORIZED REPRESENTATIVE
FT. COLLINS, CO 85022	
	Gary Friedman/GARY